7532 07524

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, near Oakland, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Webster 75X-3
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) John (Middle) George (Last) Bainbridge
4. DATE OF DEATH (Month) August (Day) 15 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/6/1886
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Operator retired
10b. KIND OF BUSINESS OR INDUSTRY American Steel & Wire Co.
11. BIRTHPLACE (State or foreign country) Irwin, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Bainbridge
14. MOTHER'S MAIDEN NAME Mary Hannan Nattress
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 193-01-1759
17. INFORMANT AND ADDRESS Mrs. Oswald Vannucci, McHenry, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0

Immediate cause (a) Congestive Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE B. F. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 8/16/54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8/18/1954
NAME OF CEMETERY OR CREMATORY Memorial Cemetery
LOCATION (City, town, or county) Monongahela, Pa. (State)
DATE REC'D BY LOCAL REG. 8/16/54
REGISTRAR'S SIGNATURE Julia A. Rowan L.R.
24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7533

CERTIFICATE OF DEATH

07525/

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY GARRETT — MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND. MD.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) THELMA (Middle) GERTRUDE (Last) DeWITT.

4. DATE OF DEATH: (Month) AUG (Day) 26 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY-4-1920

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): FELLOWSVILLE. W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN RANKIN

14. MOTHER'S MAIDEN NAME: ADIS BOLYARD.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: CHARLES DeWITT. SANG RUN. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1717

Immediate cause (a) Bronchial Pneumonia — DUE TO — Interval Between Onset and Death: 2-days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Carcinoma Cervix Uteri with Generalized metastasis — DUE TO — 2 years
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1952 to Aug. 26, 1954, that I last saw the deceased alive on Aug. 6, 1954, and that death occurred at 9-10 a m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] MD Oakland Md 27 Aug 54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: AUG-28-1954

NAME OF CEMETERY OR CREMATORY: HOYES CEMETERY

LOCATION (City, town, or county) (State): GARRETT. Co. MD.

DATE REC'D BY LOCAL REG. 8/28/54

REGISTRAR'S SIGNATURE: Julia A Rowe

24. FUNERAL DIRECTOR ADDRESS: Emroy Bolden Oakland Md

RECEIVED
SEP 7 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7534 CERTIFICATE OF DEATH

07526

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEMPTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) W. (Last) DULING

4. DATE OF DEATH: (Month) AUGUST (Day) 28, (Year) 1954.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: JAN. 24, 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): STORE MANAGER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): HARTSMANVILLE, W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DULING, REESE

14. MOTHER'S MAIDEN NAME: MURPHY, IDA ELLEN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 232-09-0463

17. INFORMANT & ADDRESS: PAUL DICE, KEMPTON, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Bronchopneumonia left — 2 Days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, Generalized — 10 years
DUE TO
(c)

450.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1948, to Aug 28, 1954, that I last saw the deceased alive on Aug 27, 1954 and that death occurred at 1:45 A.M. from the causes and on the date stated above.

SIGNATURE T. E. Shaver (Degree or title) MD — ADDRESS Oakland Md — DATE SIGNED 28 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 30, 1954 — NAME OF CEMETERY OR CREMATORY Headsville, W.Va. — LOCATION (City, town, or county) (State) Headsville, Mineral W.Va.

DATE REC'D BY LOCAL REGISTRAR 8/29/54 — REGISTRAR'S SIGNATURE Julia Rowan — 24. FUNERAL DIRECTOR — ADDRESS J. D. Duncan, Thomas, W.Va.

LR

RECEIVED
SEP 7 1954
BUREAU V. S.

7535

07527

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
LENGTH OF STAY 25yrs. (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hazel Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) Hazel Street

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Anna (Last) Erouches

4. DATE OF DEATH (Month) August (Day) 12, (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 1879

9. AGE last birthday 75 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Lithuania

12. CITIZEN OF WHAT COUNTRY Lithuania

13. FATHER'S NAME Elonies

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 216-01-4882B

17. INFORMANT AND ADDRESS Michael G. Erouches-Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH
(a) Unknown
(b) 4 yrs.
(c) ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1954, to Aug 12, 1954, that I last saw the deceased alive on Died on account ..., 19..., and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D ADDRESS Kitzmiller, Md DATE SIGNED Aug 12-54

23. BURIAL, CREMATION (Specify) Burial DATE Aug. 16/54 NAME OF CEMETERY OR CREMATORY Kalbaugh Cemetery LOCATION (City, town, or county) (State) Elk Garden, Mineral Co W. Va

DATE REC'D BY LOCAL REG. Aug 14/54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Otha F. Sharpless, Blaine, W. Va.

RECEIVED
AUG 17 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07529

7536 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garett, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland Md, x
LENGTH OF STAY (in this place) 10 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Rest Home, 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W va, COUNTY Preston,
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Albright W va, 85x-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) M (Last) Foley,
4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Sept 28 1882
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months 10 Days 18 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner,
10B. KIND OF BUSINESS OR INDUSTRY: Coal Mines,
11. BIRTHPLACE (State or foreign country): W va,
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas W Foley,
14. MOTHER'S MAIDEN NAME: Texas High,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 234
16. SOCIAL SECURITY NO. 12 - 0374
17. INFORMANT & ADDRESS: William Foley,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

IMMEDIATE CAUSE (A) Myocardial Heart Disease — 2 yrs

ANTECEDENT CAUSE (B) DUE TO Arteriosclerosis — 10 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1953, to Aug. 9, 1954, that I last saw the deceased alive on Aug. 8, 1954, and that death occurred at 8:25 AM, from the causes and on the date stated above.

SIGNATURE: C. G. Maurice MD — M. D. ADDRESS: Oakland, Md — DATE SIGNED: 9 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Aug 11 1954
NAME OF CEMETERY OR CREMATORY: Kingwood Cemetery,
LOCATION (City, town, or county) (State): Kingwood W va,

DATE REC'D BY LOCAL REGISTRAR: 8/14/54
REGISTRAR'S SIGNATURE: Julia A. Rowan, R.R.
24. FUNERAL DIRECTOR: H. L. Brooning
ADDRESS: Kingwood W va

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Dr Monroe

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07560

7537 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND
LENGTH OF STAY (in this place) 22 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND
STREET ADDRESS (If rural give location) ROUTE #1

3. NAME OF DECEASED: (Type or Print) (First) BABY (Middle) GIRL (Last) FULK

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 19 54

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: AUG. 6, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): OAKLAND MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FULK, THOMAS GEORGE

14. MOTHER'S MAIDEN NAME: KIFER, ANNA MAYBELLE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: THOMAS GEORGE FULK, ROUTE #1, OAKLAND MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 760.0 (a) Intercranial Hemorrhage — Interval Between Onset And Death 22 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6, 1954, to 8-28, 1954, that I last saw the deceased alive on 8-28, 1954, and that death occurred at 12:35 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) James W. Tenter, Jr. M.D. ADDRESS 58 [illegible] St Oakland, Md DATE SIGNED 8-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug 30-1954

NAME OF CEMETERY OR CREMATORY Oakland

LOCATION (City, town, or county) Oakland (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/30/54

REGISTRAR'S SIGNATURE Julia A Rowan L.R.

24. FUNERAL DIRECTOR Emory Baldus Oakland Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film G169 8-27-54 ams

07531

MARYLAND 7538 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY GARRETT - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1121 - Abbey Place. N.E.

3. NAME OF DECEASED (Type or Print): (First) LAURA - (Middle) BLANCHE - (Last) JAMES

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept 12 - 1879

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service

10b. KIND OF BUSINESS OR INDUSTRY: Govt. Emp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin Coddington

14. MOTHER'S MAIDEN NAME: Sarah ann Teets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Glenn V. Sines - Friendsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1999
Immediate cause (a) Uremia

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Carcinomatosis
(c) Primary site unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9 , 1954, to Aug 12 , 1954 that I last saw the deceased alive on Aug 12 , 1954, and that death occurred at 1245 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Harold Okerson M.D. ADDRESS Markleysburg Pa. DATE SIGNED Aug 13 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE Aug 16 - 54 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) (State) Prince George Md.

DATE REC'D BY LOCAL REG. Aug 13. 1954 | REGISTRAR'S SIGNATURE Kathryn Dike | 24. FUNERAL DIRECTOR ADDRESS H.H. Rodeheaver Markleysburg Pa.

MARGIN RESERVED FOR BINDING

(1)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07532 66

7539 CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crellin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ina (Middle) Elizabeth (Last) Lewis

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 14, 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Swallow Falls, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Freeman Lewis

14. MOTHER'S MAIDEN NAME: Sarah Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Theodore Lewis, Crellin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

Anteeedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerosis DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1947, to Aug, 1954, that I last saw the deceased alive on Aug 7, 1954, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

8/19/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Aug. 20, 1954

NAME OF CEMETERY OR CREMATORY Lewis Cemetery

LOCATION (City, town, or county) (State) Swallow Falls Md.

DATE REC'D BY LOCAL REG. 8/19/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland, Md.

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07534

7540 CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural give location) 5 SECOND STREET

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) Bolden (Last) MASON

4. DATE OF DEATH: (Month) AUG (Day) 13 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	MARRIED	AUG. 25, 1881	72 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE		OAKLAND, MARYLAND	

13. FATHER'S NAME: DE CORSEY E. BOLDEN

14. MOTHER'S MAIDEN NAME: SARA JANE ROTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of) —

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: LEE R. MASON, 5 SECOND ST., OAKLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary Edema	3 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Coronary Heart Disease	2 years
	(c) DUE TO Arteriosclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1946, to Aug ..... 1954, that I last saw the deceased alive on AUG. 13, 1954, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. E. Thane MD — ADDRESS Oakland Md — DATE SIGNED 14 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 15-1954	Oakland	Oakland Md

DATE REC'D BY LOCAL REGISTRAR Aug 14/54 — REGISTRAR'S SIGNATURE Julia C Rowan — 24. FUNERAL DIRECTOR Emrey Bolden — ADDRESS Oakland Md

LR

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08035

7541 CERTIFICATE OF DEATH Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Westernport
LENGTH OF STAY (in this place) 62 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Westernport
STREET ADDRESS (If rural give location) 6 Mi. N.W. Westernport

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) (Last) Michael

4. DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1954.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: Feb. 21, 1871 | 9. AGE last birthday: 83 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-Wife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jervis Custer

14. MOTHER'S MAIDEN NAME: Amanada Magruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 00

17. INFORMANT & ADDRESS. Howard Michael-Westernport, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Myocarditis and Myocardial Degeneration not specified as Rheumatic — INTERVAL BETWEEN ONSET AND DEATH: 5 Years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arterio-sclerosis — 5 Years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) None | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1954 to Aug 3, 1954, that I last saw the deceased alive on Aug. 3, 1954, and that death occurred at 7:10 P M, from the causes and on the date stated above.

SIGNATURE Paul B. Wilson M.D. ADDRESS Piedmont, W. Va. DATE SIGNED Aug. 5, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/6/54 | NAME OF CEMETERY OR CREMATORY Michael Cem | LOCATION (City, town, or county) (State) Garett County, Md.

DATE REC'D BY LOCAL REGISTRAR 8-9-54 | REGISTRAR'S SIGNATURE Dorsey Pattison

24. FUNERAL DIRECTOR ADDRESS Ellsworth S. Boal, Westernport, Md

AUG 11 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07535

7542

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Oakland, Md.

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Allegheny

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg

STREET ADDRESS (If rural, give location) 141 Frost Ave.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Morgan

4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 30, 1910

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gunsmith

10b. KIND OF BUSINESS OR INDUSTRY: Sport Shop

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Albert Morgan

14. MOTHER'S MAIDEN NAME: Margaret Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-07-2124

17. INFORMANT & ADDRESS: Mrs. Harry Morgan, 141 Frost Ave. Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary occlusion — Sudden

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE A. E. Maree (DEGREE OR TITLE) MD ADDRESS Oakland Md DATE SIGNED 8 Aug 54

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF Aug. 11, 1954 NAME OF CEMETERY OR CREMATORY Frostburg Memorial Park LOCATION (City, town, or county) (State) Frostburg, Md.

DATE REC'D BY LOCAL REG. 8/8th/54 REGISTRAR'S SIGNATURE Julia Mowan L.R.

24. FUNERAL DIRECTOR Emroy Boldin ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07535

7543 CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 3½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural give location) 120 THIRD STREET

3. NAME OF DECEASED: (First) Mary (Middle) Etta Rodeheaver (Last) SANDERS
4. DATE OF DEATH: (Month) AUGUST (Day) 25, (Year) 19 54
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: SEPT. 29, 1879
9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: RODEHEAVER, AMI
14. MOTHER'S MAIDEN NAME: SMITH, MARY ANN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S ADDRESS: Miss Dessie Rodeheaver Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Hemmorhage	2 days
	DUE TO (c) Arteriosclerosis.	8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 54, to 25 Aug, 19 54, that I last saw the deceased alive on 25 Aug, 19 54, and that death occurred at 11:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
A.E. Rance MD — Oakland Md — 26 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 8/28/1954 — NAME OF CEMETERY OR CREMATORY Oakland Cemetery — LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REGISTRAR 8/27/54 — REGISTRAR'S SIGNATURE Julia Romer — 24. FUNERAL DIRECTOR Herbert E. Leighton — ADDRESS Oakland, Md.

VS. A15

7 1954
BUREAU V. S.

7544

07537

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) GRANTSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) GRANTSVILLE
STREET ADDRESS (If rural, give location) R.D.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CLARENCE - EARL - STANTON

4. DATE OF DEATH (Month) (Day) (Year): AUG. 26 - 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: MAY-16-1883
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): GARRETT-CO-MARYLAND
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: WILLIAM-T-STANTON
14. MOTHER'S MAIDEN NAME: ANNIE-DURST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: Stanley E. Stanton GRANTSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Heart Disease	Years
	(c) Asthma, Bronical	Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1953, to Aug 26, 1954, that I last saw the deceased alive on Aug 26, 1954, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John B. Davis, M.D.
ADDRESS: Frostburg, Md.
DATE SIGNED: 8/27/54.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: Aug 28-1954
NAME OF CEMETERY OR ~~CREMATORY~~: GRANTSVILLE
LOCATION (City, town, or county) (State): GRANTSVILLE-GARRETT-CO Md.

DATE REC'D BY LOCAL REG.: Aug. 27/54
REGISTRAR'S SIGNATURE: Ethr. Broadwater
24. FUNERAL DIRECTOR: Stanley M Thomas
ADDRESS: Salisbury, Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7545

CERTIFICATE OF DEATH

Reg. Dist. No. 07538 6

1. PLACE OF DEATH:

COUNTY GARRETT MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND

LENGTH OF STAY (in this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOS.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY GARRETT

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DEER PARK

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CLARK (Middle) (Last) UHL

4. DATE OF DEATH: (Month) 8 (Day) 29 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: 1-27-1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Woodsman Retired

10b. KIND OF BUSINESS OR INDUSTRY: Timber Cutter

11. BIRTHPLACE (State or foreign country): PARKERSBURG, W. VA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UHL, V. B.

14. MOTHER'S MAIDEN NAME: MICKS, MARY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Mrs. Pearl Browning Deer Park, Md.

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 2 Days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-Vascular-Renal Disease — 3 years

DUE TO

(c) Arteriosclerosis, severe — 10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1954, to Aug. 29, 1954, that I last saw the deceased alive on Aug 29, 1954, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE H E Mance (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 30 Aug 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/1/1954

NAME OF CEMETERY OR CREMATORY Deer Park Cemetery

LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REGISTRAR 9/1/54

REGISTRAR'S SIGNATURE Julia A Rowan LR.

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07539

7546

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY PRESTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) AURORA
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) M. (Last) WILSON
4. DATE OF DEATH: (Month) AUGUST (Day) 3 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 12-29-1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): UNEMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: WILSON, JAMES H.
14. MOTHER'S MAIDEN NAME: SHAFFER, PRISCILLA
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO:
17. INFORMANT & ADDRESS: CORA M. WILSON, AURORA, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ventricular Fibrillation c̄ acute failure — Interval Between Onset And Death: Sudden

DUE TO Auricular fibrillation, with Coronary

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Heart disease due to arteriosclerosis — ?

DUE TO (c) apoplexy c̄ hemiplegia — ? 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1954, to Aug 3, 1954, that I last saw the deceased alive on Aug 3, 1954, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

SIGNATURE Chas. E. Smith (Degree or title) M.D. ADDRESS Terra Alta W Va DATE SIGNED 8-4-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 8/6/54 NAME OF CEMETERY OR CREMATORY Aurora Cemetery LOCATION (City, town, or county) Aurora W. Va. (State)

DATE REC'D BY LOCAL REGISTRAR 8/5/54 REGISTRAR'S SIGNATURE Julia A. Rowan LR 24. FUNERAL DIRECTOR Wayne O. Spiggle ADDRESS Davis W Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07540

7547 **CERTIFICATE OF DEATH** Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BAYARD
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.VA. COUNTY GRANT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BAYARD
STREET ADDRESS (If rural give location) BOX # 1

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) VIOLET Brown (Last) WINTERS
4. DATE OF DEATH: (Month) 8 (Day) 24 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 12/13/1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HWFE.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): GORMANIA, W.VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: BROWN, ALBERT
14. MOTHER'S MAIDEN NAME: ARONHALT, IDA
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: LAURA VIOLET WINTERS - BAYARD, W.VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Uremia	2 weeks
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Chronic Nephritis	4 yrs.
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952, to Aug 23, 1954, that I last saw the deceased alive on Aug 23, 1954, and that death occurred at 4:15 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] M.D. ADDRESS 58 2nd St. Oakland, Md DATE SIGNED 8-24-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF Aug 26-1954
NAME OF CEMETERY OR CREMATORY Bayard
LOCATION (City, town, or county) Bayard (State) W Va
DATE REC'D BY LOCAL REGISTRAR 8/26/1954
REGISTRAR'S SIGNATURE Julia A. Rowen L.R.
24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

STF
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07541

7548

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

COUNTY Garett — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville — LENGTH OF STAY (in this place): 50 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Grantsville

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Amanda (Middle) -- (Last) Yoder

4. DATE OF DEATH: (Month) 8 (Day) 31 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 9--19-1878

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): RuralGrantsville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jacob S.Miller

14. MOTHER'S MAIDEN NAME: Anna Beachy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Allen O.Yoder Grantsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial Failure — Interval Between Onset And Death: 5 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic heart disease

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Idiopathic Hypertension

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Sept., 1954, that I last saw the deceased alive on 8-28, 1954, and that death occurred at 12:30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) John T. Whitehill, Jr. M.D. — ADDRESS Salisbury, Pa — DATE SIGNED 9-2-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9-3-1954 — NAME OF CEMETERY OR CREMATORY Maple Glen — LOCATION (City, town, or county) (State) Rural Grantsville Md

DATE REC'D BY LOCAL REGISTRAR Sept-2/54 — REGISTRAR'S SIGNATURE Ethel Broadwater — **24.** FUNERAL DIRECTOR Wm Winterberg — ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07542

7549 CERTIFICATE OF DEATH

Reg. Dist. No. 171

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger
LENGTH OF STAY (in this place) MARYLAND 1-Hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) E (Last) Yoder

4. DATE OF DEATH: (Month) Augest (Day) 18 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-5-1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farming

10b. KIND OF BUSINESS OR INDUSTRY: Was Owner

11. BIRTHPLACE (State or foreign country): Rural Meyersdale Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Eli C. Yoder

14. MOTHER'S MAIDEN NAME: Dora Hosttler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -- --

17. INFORMANT & ADDRESS: Irvin H. Yoder, Bittinger Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: ? years

422.1

Immediate cause (a) Heart failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardio-vasculas disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Mar 19 54 to 26 July 19 54, that I last saw the deceased alive on 26 July 19 54, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J Lusby M. D. ADDRESS Oakland, Md DATE SIGNED 8/20/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-21-1954

NAME OF CEMETERY OR CREMATORY Mapel Glen.

LOCATION (City, town, or county) (State) Rural Grantsville Md

DATE REC'D BY LOCAL REGISTRAR 8/27/54

REGISTRAR'S SIGNATURE J. B. Emory M.D.

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

RECEIVED
AUG 31 1954
BUREAU V. S.